

RECEIVED  
MAY 10 2016  
Campaign Finance  
Secretary of State

**Name of Committee** Committee to Re-Elect Jim Kitchens  
**Address** Post Office Box 768, Crystal Springs, MS 39059 **County** Copiah  
**Telephone** 601-487-1616 **Fax** 601-500-5391  
**Treasurer** John W. Kitchens **Email Address** john@kitchensforjustice.com

## TYPE OF REPORT

- | TYPE OF REPORT   |  |
|--|--|
| <input checked="" type="checkbox"/> <b>May 10, 2016 Periodic Report</b> (January 1, 2016, through April 30, 2016)  | <b>Mandatory</b>                                   |
| <input type="checkbox"/> <b>June 10, 2016 Periodic Report</b> (May 1, 2016, through May 31, 2016)  | <b>Mandatory</b>                                   |
| <input type="checkbox"/> <b>July 8, 2016 Periodic Report</b> (June 1, 2016, through June 30, 2016)   | <b>Mandatory</b>                                   |
| <input type="checkbox"/> <b>October 10, 2016 Periodic Report</b> (July 1, 2016, through September 30, 2016)  | <b>Mandatory</b>                                   |
| <input type="checkbox"/> <b>November 1, 2016 Pre-Election Report</b> (October 1, 2016, through October 29, 2016)   | <b>Mandatory</b>                                   |
| All General and Special Election Candidates and Political Committees   |  |
| <input type="checkbox"/> <b>November 22, 2016 Pre-Runoff Report</b> (October 30, 2016, through November 19, 2016)  | <b>Runoff Candidates Only</b>                      |
| All Candidates and Political Committees in a Runoff Election   |  |
| <input type="checkbox"/> <b>January 10, 2017 Periodic Report</b> (October 1, 2016, through December 31, 2016)  | <b>Mandatory</b>                                   |
| <input type="checkbox"/> <b>Termination Report</b> (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) | <b>Required to terminate reporting obligations</b> |

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 53,750.00	+	\$400.00	\$ 54,150.00	\$ 54,150.00
Total amount of disbursements	\$37,807.93	+	\$ 0.00	\$ 37,807.93	\$ 37,807.93
Total amount of cash on hand				\$ 16,342.07	

John W. Hethers  
Signature of Director or Treasurer

Date \_\_\_\_\_

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

MS 39205 or fax to 601-576-2545 2. Candidates for countywide and county district offices should return form to their county Circuit Clerk

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period January 1, 2016 through April 30, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Matthew W. Kitchens		<u>03</u> / <u>08</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address Post Office Box 799		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code Crystal Springs, MS 39059		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) Kitchens Law Firm, P.A.		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Daniel W. Kitchens		<u>03</u> / <u>08</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address Post Office Box 799		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code Crystal Springs, MS 39059		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) Kitchens Law Firm, P.A.		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John W. Kitchens		<u>03</u> / <u>08</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address Post Office Box 799		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code Crystal Springs, MS 39059		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) Kitchens Law Firm, P.A.		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James D. Shannon		<u>03</u> / <u>10</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 100 West Gallatin Street		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code Hazlehurst, MS 39083		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) Shannon Law Firm, PLLC		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period January 1, 2016 through April 30, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David W. Baria		<u>03</u> / <u>17</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 544 Main Street		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Bay St. Louis, MS 39520		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Baria-Jones, PLLC		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Brandon C. Jones		<u>03</u> / <u>17</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 4316 Old Canton Road, Suite 100A		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Jackson, MS 39211		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Baria-Jones, PLLC		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Stephen J. Herman		<u>03</u> / <u>25</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 820 O'Keefe Avenue		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code New Orleans, LA 70113		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Herman, Herman & Katz		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Russ Herman		<u>03</u> / <u>22</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 820 O'Keefe Avenue		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code New Orleans, LA 70113		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Herman, Herman & Katz		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period January 1, 2016 through April 30, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Shane F. Langston		<u>03</u> / <u>24</u> / <u>16</u>	\$ <u>1,500.00</u>
Mailing Address 1161 La Miranda Court		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Southlake, TX 76092		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Self		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney at Law		Aggregate year-to-date	\$ <u>1,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John G. Clark		<u>04</u> / <u>07</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address Post Office Drawer 1268		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Pascagoula, MS 39568		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Kerley & Clark		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Willie Bozeman		<u>04</u> / <u>07</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address Post Office Box 1038		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Jackson, MS 39215		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Self-Employed		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Lobbyist		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Crymes G. Pittman		<u>04</u> / <u>07</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 410 South President Street		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Jackson, MS 39201		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Pittman, Germany, Roberts & Welsh		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period January 1, 2016 through April 30, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David P. Pitre, Esq.		<u>04</u> / <u>11</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address 3506 Washington Avenue, Suite G		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Gulfport, MS 39507		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Silbert, Garon, Pitre, & Friedman		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name James R. Reeves, Jr.		<u>04</u> / <u>11</u> / <u>16</u>	\$ <u>5,000.00</u>
Mailing Address 160 Main Street		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Biloxi, MS 39530		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Reeves & Mestayer		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>5,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Dennis C. Sweet III, P.A.		<u>04</u> / <u>14</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address 158 East Pascagoula Street		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Jackson, MS 39201		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Dennis C. Sweet III, PA		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cardan Enterprises LLC		<u>04</u> / <u>14</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address 378 Fannin Landing Circle		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code Brandon, MS 39047		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) Cardan Enterprises, LLC		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) Real Estate		Aggregate year-to-date	\$ <u>2,500.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period January 1, 2016 through April 30, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Lisa Blue Baron</u>		<u>04</u> / <u>14</u> / <u>16</u>	\$ <u>2,500.00</u>
Mailing Address <u>Post Office Box 802044</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Dallas, TX 75380</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Brad Morris</u>		<u>04</u> / <u>13</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 2136</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Brad Morris Law Firm, PLLC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period January 1, 2016 through April 30, 2016

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Pam Johnson / Abelson Enterprises, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 114 Bent Creek Drive	03 / 08 / 16	\$ 2,000.00
<b>City, State, Zip Code</b> Brandon, MS 39047	03 / 31 / 16	\$ 2,250.00
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> Pam Johnson / Abelson Enterprises, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 114 Bent Creek Drive	04 / 15 / 16	\$ 2,250.00
<b>City, State, Zip Code</b> Brandon, MS 39047	03 / 31 / 16	\$ 2,250.00
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$ 8,750.00
<b>C. Full name</b> Harland Clarke	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 15955 La Cantera Parkway	03 / 08 / 16	\$ 100.88
<b>City, State, Zip Code</b> San Antonio, TX 78256	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Checks for Campaign Account	<b>Aggregate</b> <b>Year-to-date</b>	\$ 100.88
<b>D. Full name</b> AT&T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 536216	03 / 18 / 16	\$ 161.82
<b>City, State, Zip Code</b> Atlanta, GA 536216	04 / 12 / 16	\$ 60.80
<b>Purpose of Disbursement (Optional)</b> Uverse Internet for Campaign Headquarters	<b>Aggregate</b> <b>Year-to-date</b>	\$ 222.62
<b>E. Full name</b> Wal-Mart Store 0954	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 527 Lake Street	03 / 22 / 16	\$ 303.26
<b>City, State, Zip Code</b> Hazlehurst, MS 39083	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Office Supplies for Campaign Headquarters	<b>Aggregate</b> <b>Year-to-date</b>	\$ 303.26
<b>F. Full name</b> United States Post Office	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 301 East Marion Avenue	03 / 24 / 16	\$ 98.00
<b>City, State, Zip Code</b> Crystal Springs, MS 39059	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> 2 Rolls of Stamps	<b>Aggregate</b> <b>Year-to-date</b>	\$ 98.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period January 1, 2016 through April 30, 2016

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Matrix Solutions	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 117 Mill Creek Corner	03 / 31 / 16	\$ 1,924.93
<b>City, State, Zip Code</b> Brandon, MS 39047	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Computer, etc. for Campaign	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,924.93
<b>B. Full name</b> Dallas Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 902	03 / 28 / 16	\$ 606.69
<b>City, State, Zip Code</b> Jackson, MS 39205	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Campaign Letterhead, Envelopes, and Business Cards	<b>Aggregate</b> <b>Year-to-date</b>	\$ 606.69
<b>C. Full name</b> Copolah Bank, N.A.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 31	04 / 29 / 16	\$ 60.50
<b>City, State, Zip Code</b> Hazlehurst, MS 39083	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Bank/Service Charges (Collective)	<b>Aggregate</b> <b>Year-to-date</b>	\$ 60.50
<b>D. Full name</b> Northwest IB Middle School	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 7020 Highway 49	03 / 30 / 16	\$ 250.00
<b>City, State, Zip Code</b> Jackson, MS 39213	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Donation for Debate Team's travels to Regionals	<b>Aggregate</b> <b>Year-to-date</b>	\$ 250.00
<b>E. Full name</b> Magnolia Bar Association	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 648	03 / 30 / 16	\$ 150.00
<b>City, State, Zip Code</b> Jackson, MS 39205	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Judicial Registration Dues for Annual Meeting	<b>Aggregate</b> <b>Year-to-date</b>	\$ 150.00
<b>F. Full name</b> Women for Progress PAC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 1179	03 / 31 / 16	\$ 50.00
<b>City, State, Zip Code</b> Jackson, MS 39215	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Voter Education	<b>Aggregate</b> <b>Year-to-date</b>	\$ 50.00



Name of Candidate or Committee Committee to Re-Elect Jim Kitchens  
 Reporting period January 1, 2016 through April 30, 2016

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Trevor Goring c/o Susan Clark / National Media Services	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 613 North Commerce Avenue	04 / 01 / 16	\$ 500.00
<b>City, State, Zip Code</b> Front Royal, VA 2263	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Notecards	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00
<b>B. Full name</b> Copiah Academy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 125	04 / 04 / 16	\$ 120.00
<b>City, State, Zip Code</b> Gallman, MS 39077	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Football Ad	<b>Aggregate</b> <b>Year-to-date</b>	\$ 120.00
<b>C. Full name</b> City Services	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 23092	04 / 12 / 16	\$ 14.83
<b>City, State, Zip Code</b> Jackson, MS 39225	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Water, Garbage and Sewer	<b>Aggregate</b> <b>Year-to-date</b>	\$ 14.83
<b>D. Full name</b> CSpire	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 798	04 / 13 / 16	\$ 85.92
<b>City, State, Zip Code</b> Meadville, MS 39653	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Campaign Phones	<b>Aggregate</b> <b>Year-to-date</b>	\$ 85.92
<b>E. Full name</b> Joyce Neville	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 403 Garden Park Cove	04 / 15 / 16	\$ 516.67
<b>City, State, Zip Code</b> Brandon, MS 39047	04 / 29 / 16	\$ 775.00
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,291.67
<b>F. Full name</b> A2Z Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2125 TV Road	04 / 18 / 16	\$ 276.48
<b>City, State, Zip Code</b> Jackson, MS 39204	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Car Magnets	<b>Aggregate</b> <b>Year-to-date</b>	\$ 276.48

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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Atmos Energy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 790311	04 / 18 / 16	\$ 59.15
<b>City, State, Zip Code</b> St. Louis, MO 63179	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Natural Gas at Campaign Office	<b>Aggregate</b> <b>Year-to-date</b>	\$ 59.15
<b>B. Full name</b> Entergy Mississippi, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8105	04 / 18 / 16	\$ 69.95
<b>City, State, Zip Code</b> Baton Rouge, LA 70891	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Electricity/Lights	<b>Aggregate</b> <b>Year-to-date</b>	\$ 69.95
<b>C. Full name</b> Chase	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 15123	04 / 19 / 16	\$ 845.55
<b>City, State, Zip Code</b> Wilmington, DE 19850	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Refrigerator, Huggies, and supplies	<b>Aggregate</b> <b>Year-to-date</b>	\$ 845.55
<b>D. Full name</b> Jim Kitchens	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 113	04 / 19 / 16	\$ 325.00
<b>City, State, Zip Code</b> Crystal Springs, MS 39059	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Reimbursement of personal check written for 2016 Wildcat Championship Fund	<b>Aggregate</b> <b>Year-to-date</b>	\$ 325.00
<b>E. Full name</b> Jared Turner	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 745 Gardner Street	03 / 08 / 16	\$ 2,750.00
<b>City, State, Zip Code</b> Jackson, MS 39209	03 / 31 / 16	\$ 5,500.00
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b> Jared Turner	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 745 Gardner Street	04 / 15 / 16	\$ 2,750.00
<b>City, State, Zip Code</b> Jackson, MS 39209	04 / 29 / 16	\$ 2,750.00
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$ 13,750.00

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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Bill Washington	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 931	03 / 31 / 16	\$ 2,537.50
<b>City, State, Zip Code</b> Flora, MS 39071	04 / 15 / 16	\$ 2,537.50
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> Bill Washington	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 931	04 / 29 / 16	\$ 2,500.00
<b>City, State, Zip Code</b> Flora, MS 39071	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Salary	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> Bill Washington	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Post Office Box 931	04 / 13 / 16	\$ 100.00
<b>City, State, Zip Code</b> Flora, MS 39071	04 / 29 / 16	\$ 277.50
<b>Purpose of Disbursement (Optional)</b> Expenses: Gas Reimbursement, Phone, Volunteers, and Tickets for function	<b>Aggregate</b> <b>Year-to-date</b>	\$ 7,952.50
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / 16	\$
<b>City, State, Zip Code</b> Haz	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$